

Initials Only

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014646

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 53036

Registrar's No. 170

FILED MAY 7 1962

## 1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Jefferson Township

Length of stay in 1b  
40 yrs.

c. FULL NAME OF DECEASED (If not in hospital, give location)  
HOSPITAL OR  
INSTITUTION Heghorn Branch on  
Highway 54

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City, Mo.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
308 Jackson St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Robert

E.

Holliway

## 4. DATE OF DEATH

Month

Day

Year

April 26, 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
2-18-1890

9. AGE (last birthday)  
72

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Dealer

10b. KIND OF BUSINESS OR INDUSTRY  
Mutual Investment Funds

11. BIRTHPLACE (City and state or country)  
Springfield, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

J. H. Holliway

## 13b. MOTHER'S MAIDEN NAME

Sarah Earnest

## 14. NAME OF HUSBAND OR WIFE

Florence Holliway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Florence Holliway, Jefferson Cit.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Aorta lacerations (2) due to trauma

INTERVAL BETWEEN ONSET AND DEATH  
Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Vehicular Accident.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Man riding alone in automobile, apparently

20c. TIME OF INJURY.  
Hour 8:25, Month 4, Day 26, Year 1962

lost control of car, crashing into bridge abutment causing instant death. No other cars involved.

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Highway 54 South 4 Miles Jefferson City, Mo.

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Jefferson City, Mo.

## 22c. DATE SIGNED

5-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

4-28-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson City, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Bideon N. Houser, Jefferson City, Mo.

## 25. DATE RECD. BY LOCAL REG.

28 April 1962

## 26. REGISTRAR'S SIGNATURE

Phyllis M. Richter, Reg.

Completed 4 May 1962

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 23 1962

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gideon N. Hausner

Licensed Embalmer No. 41579

P. O. Address Jefferson City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.